

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
 Madison, WI 53708-8935  
 FAX #: (608) 261-7083  
 Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue  
 Madison, WI 53703  
 E-Mail: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
 Website: <http://dsp.wi.gov>

## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### APPLICATION TO RENEW CURRENT MARRIAGE AND FAMILY THERAPIST OR PROFESSIONAL COUNSELOR TRAINING LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK  Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Email Address

Training License Number <input type="text"/>	Grant Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Expiration Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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**AFFIDAVIT OF APPLICANT:** I, the above named applicant, state and affirm that:

- I hold a current Marriage and Family Therapist or Professional Counselor Training License with the Department.
- All previous application information I provided to the Section for the Marriage and Family or Professional Counselor Training License is still current, accurate, and valid.
- I request that the application information referenced above be transferred to this application for the renewal of my Marriage and Family or Professional Counselor Training License.
- I have completed and submitted Employment Form for Supervised Marriage and Family Therapy Practice (**Form #2571**) or Professional Counselor Post-Graduate Supervisor Approval (**Form #2456**).
- I have attached to this application, a narrative including the reason(s) I am requesting a renewal of my license.

The Marriage and Family Training License satisfies all requirements of Wis. Stat. § 457.11. The Professional Counselor Training License satisfies all requirements of Wis. Stat. § 457.13. **A Training License is valid for 48-months and may be renewed at the discretion of the Marriage and Family Therapist or Professional Counselor Section.**

Provision of false information on an application may be grounds for revocation of the credential.

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

- Marriage and Family Training License** (This fee is required if you already have a Marriage and Family Training License issued.)  
**\$75.00 Total Required Fee Attached**
- Professional Counselor Training License** (This fee is required if you already have a Professional Counselor Training License issued.)  
**\$75.00 Total Required Fee Attached**

For Receiving Use Only (226/228)

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /